

Parent's Worksheet for Child's Birth Certificate

CERTIFICATE OF INCORPORATION

FOR HOSPITAL USE ONLY:

MOTHER MR# _____ NEWBORN MR# _____
MEDICAID # _____ DELIVERING DR _____ RM # _____

The information you provide on this worksheet is used to create your child's birth certificate. The birth certificate is a legal document used to prove your child's age, citizenship and parentage. Your child will use the birth certificate throughout his/her life. The State of Texas safeguards against the unauthorized release of identifying information from birth certificates to protect the confidentiality of parents and their child.

Please **PRINT** your responses carefully and accurately as errors are difficult and expensive to correct.

CHILD'S PLACE OF BIRTH

Name of Hospital or Location

Address

State

FEDERAL ADDRESS

FEDERAL ADDRESS

FEDERAL ADDRESS

County

City

Zip Code

FEDERAL ADDRESS

FEDERAL ADDRESS

FEDERAL ADDRESS

CHILD'S INFORMATION

Time of Birth

Date of Birth

Plurality (please circle one)

Am / Pm

Single / Twin / Triplets / Quadruplets / Quintuplets

Birth Order (please circle one)

Number of Infants Born Alive at this Birth? (please circle one)

First / Second / Third / Fourth / Fifth

One / Two / Three / Four / Five

PARENT 1 - CURRENT LEGAL NAME

☐ Mother

☐ Father

☐ Parent

First Name

Middle Name

Last Name

Suffix

CHILD'S LEGAL NAME

First Name

Middle Name

Last Name

Suffix

PARENT 1 - RESIDENCE ADDRESS

Residence Address

Apartment Number

State/Foreign Country

County

FEDERAL ADDRESS

FEDERAL ADDRESS

FEDERAL ADDRESS

City/Town/Location

Zip Code / Extension

Inside City Limits?

FEDERAL ADDRESS

FEDERAL ADDRESS

☐ Yes ☐ No

PARENT 1 - MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK)

Mailing Address

Apartment Number

State/Foreign Country

--	--	--

City/Town/Location

Zip Code / Extension

Inside City Limits?

		<input type="checkbox"/> Yes <input type="checkbox"/> No
--	--	----------------------------------------------------------

PARENT 1 - INFORMATION

Date of Birth

Place of Birth (State/Foreign Country/Territory)

Social Security

--	--	--

Apply for Baby's Social Security?

Did Parent 1 Give up Rights to the Child?

Date Rights Given Up?

<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
----------------------------------------------------------	----------------------------------------------------------	--

Occupation

Type of Business

--	--

Parent 1's Education

- ☐ 8th grade or less
☐ 9th – 12th grade, no diploma
☐ High School graduate or GED completed
☐ Some College credit, but no degree
☐ Associate degree (e.g., AA, AS)
☐ Bachelor's degree (e.g., BA, AB, BS)
☐ Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)
☐ Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)

Is Parent 1 of Hispanic Origin?

- ☐ No, not Spanish / Hispanic / Latina
☐ Yes, Mexican, Mexican American, Chicana
☐ Yes, Puerto Rican
☐ Yes, Cuban
☐ Yes, other Spanish / Hispanic / Latina Specify _____

What is Parent 1's Race?

- | | |
|-----------------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Black/African American | <input type="checkbox"/> Other Asian _____ |
| <input type="checkbox"/> American Indian/Alaska Native
(Name of the enrolled or principal tribe) _____ | <input type="checkbox"/> Native Hawaiian |
| <input type="checkbox"/> Asian Indian | <input type="checkbox"/> Guamanian or Chamorro |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Japanese | Specify _____ |
| <input type="checkbox"/> Korean | <input type="checkbox"/> Other _____ |
| | <input type="checkbox"/> Unknown |

PARENT 1 - HEALTH INFORMATION

Did you receive WIC for this Birth?

Height

Weight Before Pregnancy

Weight At Delivery

<input type="checkbox"/> Yes <input type="checkbox"/> No			
----------------------------------------------------------	--	--	--

How many cigarettes did you smoke before and during pregnancy?

Three Months Before	Cigs/Day: _____	Packs/Day: _____	First Three Months	Cigs/Day: _____	Packs/Day: _____
Second Three Months	Cigs/Day: _____	Packs/Day: _____	Third Trimester	Cigs/Day: _____	Packs/Day: _____

PARENT 1 - NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

PARENT 1 - MARITAL STATUS (Please read carefully)

Were you married at the time you conceived this child, at the time of birth, or within 300 days prior to the birth of your child?

- ☐ Yes (Please skip over the AOP section below and complete Parent 2 sections).
- ☐ Yes, but I refuse to provide my spouse's name as the parent of my child.
- ☐ Would you like to complete an AOP? (See AOP section below)
- ☐ No, I can provide legal documentation: court order, gestational agreement, or surrogacy (Complete Surrogacy Worksheet on Page 5)
- ☐ Yes, but the spouse is not the biological parent of my child. (Please complete AOP section).
- ☐ No- if you are not married, the other parent's name may be listed on the birth certificate only if both parents complete an Acknowledgement of Paternity. (Please complete AOP section)

ACKNOWLEDGEMENT OF PATERNITY (AOP) (An AOP can only be signed by the bio mom/dad or presumed father)

Do you want to complete an Acknowledgement of Paternity?

- ☐ Yes - If you are or have been married to someone other than the biological parent of this child, or within 300 days before this child's birth, the AOP must include a Denial of Paternity from the husband or former husband to allow the biological parent's information to be listed on the birth certificate. (Please complete Parent 2 Section, which starts on Page 3).
- ☐ No - Information about the other parent cannot be included on the birth certificate. (Please continue on to Page 4 and finish Parent 1 & IMMTRAC information.)

PARENT 2 - CURRENT LEGAL NAME/INFORMATION

☐ Mother ☐ Father ☐ Parent

Legal First Name	Middle Name	Last Name	Suffix
Date of Birth		Place of Birth (State/Foreign Country/Territory)	Social Security

Occupation

Type of Business

Parent 2's Education		Is Parent 2 of Hispanic Origin?		What is Parent 2's Race?	
<input type="checkbox"/> 8 th grade or less		<input type="checkbox"/> No, not Spanish / Hispanic / Latino		<input type="checkbox"/> White	
<input type="checkbox"/> 9 th – 12 th grade, no diploma		<input type="checkbox"/> Yes, Mexican, Mexican American, Chicano		<input type="checkbox"/> Black/African American	
<input type="checkbox"/> High School graduate or GED completed		<input type="checkbox"/> Yes, Puerto Rican		<input type="checkbox"/> American Indian/Alaska Native (Name of the enrolled or principal tribe)	
<input type="checkbox"/> Some College credit, but no degree		<input type="checkbox"/> Yes, Cuban		<input type="checkbox"/> Asian Indian	
<input type="checkbox"/> Associate degree (e.g., AA, AS)		<input type="checkbox"/> Yes, other Spanish / Hispanic / Latino Specify _____		<input type="checkbox"/> Chinese	
<input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS)				<input type="checkbox"/> Filipino	
<input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MEd, MSW, MBA)				<input type="checkbox"/> Japanese	
<input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)				<input type="checkbox"/> Korean	
				<input type="checkbox"/> Vietnamese	
				<input type="checkbox"/> Other Asian _____	
				<input type="checkbox"/> Native Hawaiian	
				<input type="checkbox"/> Guamanian or Chamorro	
				<input type="checkbox"/> Samoan	
				<input type="checkbox"/> Other Pacific Islander	
				Specify _____	
				<input type="checkbox"/> Other _____	
				<input type="checkbox"/> Unknown	

Has Paternity – Genetic Testing Been Done?	Parent 2's Mailing Address	Apartment Number
<input type="checkbox"/> Yes <input type="checkbox"/> No		
State/Foreign Country/Territory	City/Town/Location	Zip Code / Extension

PARENT 2 - NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

PRESUMED FATHER INFORMATION (Complete ONLY if applicable)

Date of Birth	Social Security		
First Name	Middle Name	Last Name	Suffix
Mailing Address	Apartment Number	State/Foreign Country/Territory	
City/Town/Location	Zip Code Extension		

PARENT 1 - MEDICAID INFORMATION (Complete ONLY if applicable)

Parent 1's Medicaid Name	Parent 1's Medicaid Number

IMMTRAC REGISTRY

Do you consent for your baby's immunization information to be included in the statewide Immunization Registry and to share the immunization information with registered providers? <input type="checkbox"/> Yes <input type="checkbox"/> No

SURROGACY WORKSHEET ADDENDUM

INTENDED PARENT 1

☐ Mother ☐ Father ☐ Parent

First Name	Middle Name	Last Name	Suffix

INTENDED PARENT 1'S NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

Intended Parent 1's Medicaid Name	Intended Parent 1's Medicaid Number

Intended Parent 1's Marital Status

☐ Never Married ☐ Widowed ☐ Widowed ☐ Divorces ☐ Currently Married ☐ Married Refuse Info ☐ Unknown

INTENDED PARENT 1'S RESIDENCE ADDRESS

Residence Address	Apartment Number	State/Foreign Country	County

City/Town/Location	Zip Code / Extension	Inside City Limits?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

INTENDED PARENT 1'S MAILING ADDRESS (If same as residence address, LEAVE THIS SECTION BLANK)

Mailing Address	Apartment Number	State/Foreign Country

City/Town/Location	Zip Code / Extension	Inside City Limits?
		<input type="checkbox"/> Yes <input type="checkbox"/> No

INTENDED PARENT 2'S NAME PRIOR TO FIRST MARRIAGE

First Name	Middle Name	Last Name	Suffix

INTENDED PARENT 2

First Name	Middle Name	Last Name	Suffix

Date of Birth	Age	State, Territory, or Foreign Country of Birth	Social Security

Congratulations on the birth of your new Little Texan!

Texas Vital Statistics would like to take this opportunity to answer some most commonly asked questions about birth certificates in Texas. . .

“How do I get a copy of my baby’s birth certificate?”

You can request and purchase a certified copy of your child’s birth certificate from the local registrar’s office located in the city or county where the birth occurred, or from the Texas Vital Statistics office located in Austin, Texas.

A *Certified Birth Certificate* is a permanent legal document filed in the State of Texas that establishes your child’s identity and is used to apply for medical or government services, passports, school admission, etc.

“When will I receive my baby’s social security card?”

If you answered “Yes” to the question, “Apply for baby’s social security number?”, the birth information will be forwarded to the Social Security Administration as soon as the Texas Vital Statistics office receives the data from the hospital. The Social Security Administration then requires 2-3 weeks to process the information. A social security card will be mailed to the Parent 1’s mailing address as provided in this worksheet. The entire process usually takes **4-6 weeks** to complete.

“When will I receive my baby’s Medicaid number?”